

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560,135

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	①	1				
5		①				
6	①	1				
7		①				
8	①					
9		①				
10	①	①				
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50						
TOTAL IND.	1		↓		↓	↓
TOTAL DEF.	8		↔		↔	↔
TOTAL CLAIMS	9		██████████		██████████	██████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	↓
TOTAL DEF.			↔		↔	↔
TOTAL CLAIMS			██████████		██████████	██████████